


# Immunizations and Developmental Milestones for Your Child from Birth through 6 years old

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

		Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS
Recommended Immunizations	Hepatitis B	<input type="checkbox"/> Hep B	<input type="checkbox"/> Hep B <sup>1</sup>			<input type="checkbox"/> Hep B
	Rotavirus			<input type="checkbox"/> RV	<input type="checkbox"/> RV	<input type="checkbox"/> RV
	Diphtheria, Tetanus, Pertussis			<input type="checkbox"/> DTaP	<input type="checkbox"/> DTaP	<input type="checkbox"/> DTaP
	<i>Haemophilus influenzae</i> type b			<input type="checkbox"/> Hib	<input type="checkbox"/> Hib	<input type="checkbox"/> Hib
	Pneumococcal			<input type="checkbox"/> PCV	<input type="checkbox"/> PCV	<input type="checkbox"/> PCV
	Inactivated Poliovirus			<input type="checkbox"/> IPV	<input type="checkbox"/> IPV	<input type="checkbox"/> IPV
	Influenza					<input type="checkbox"/> Influenza, first dose <sup>2</sup> <input type="checkbox"/> second dose
Milestones	<p>Milestones should be achieved by the end of the age indicated.</p> <p>Talk to your healthcare provider about age-appropriate milestones if your child was born prematurely.</p>	<input type="checkbox"/> Recognizes caregiver's voice	<input type="checkbox"/> Responsive to calming actions when upset <input type="checkbox"/> Starts to smile <input type="checkbox"/> Raises head when on tummy	<input type="checkbox"/> Developing a social smile <input type="checkbox"/> Raises chest when lying on tummy <input type="checkbox"/> Follows objects with eyes <input type="checkbox"/> Makes cooing noises	<input type="checkbox"/> Grasps and shakes hand toys <input type="checkbox"/> Laughs out loud <input type="checkbox"/> Babbles more expressively <input type="checkbox"/> Holds head steady	<input type="checkbox"/> Responds to own name <input type="checkbox"/> Reaches with one hand <input type="checkbox"/> Recognizes familiar faces <input type="checkbox"/> Rolls over
Growth	<p>At each well child visit, enter date, length, weight, and percentile information to keep track of your child's progress.</p>	_____ WEIGHT / PERCENTILE  _____ LENGTH / PERCENTILE  _____ HEAD CIRCUMFERENCE	_____ WEIGHT / PERCENTILE  _____ LENGTH / PERCENTILE  _____ HEAD CIRCUMFERENCE	_____ WEIGHT / PERCENTILE  _____ LENGTH / PERCENTILE  _____ HEAD CIRCUMFERENCE	_____ WEIGHT / PERCENTILE  _____ LENGTH / PERCENTILE  _____ HEAD CIRCUMFERENCE	_____ WEIGHT / PERCENTILE  _____ LENGTH / PERCENTILE  _____ HEAD CIRCUMFERENCE

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 Shaded boxes indicate the vaccine can be given during shown age range.

VISIT DATE

VISIT DATE

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<sup>1</sup> The second dose of Hep B may be given either at the 1 month or 2 month visit.

<sup>2</sup> Children 6 months or older should receive flu vaccination every flu season. If this is the first time for flu vaccine, a child 6 months through 8 years of age should receive two doses, separated by at least 4 weeks. If this child only receives one dose in the first season, he or she should receive two doses the next season, if still younger than 9 years. Ask your child's healthcare provider if a second dose is needed.



**1-800-CDC-INFO (1-800-232-4636)** or visit  
<http://www.cdc.gov/vaccines/recs/schedules/child-schedule> (Immunization)  
<http://www.cdc.gov/actearly/growthchart> (Milestones)


The Recommended Immunization Schedule for persons aged birth through 6 years old is approved by the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the American Academy of Family Physicians

# Immunizations and Developmental Milestones for Your Child from Birth through 6 years old

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

		12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
Recommended Immunizations	Hepatitis B	<input type="checkbox"/> <b>Hep B</b> (Final dose administered between 6 and 18 months)					
	Diphtheria, Tetanus, Pertussis		<input type="checkbox"/> <b>DTaP</b>				<input type="checkbox"/> <b>DTaP</b>
	<i>Haemophilus influenzae</i> type b	<input type="checkbox"/> <b>Hib</b>					
	Pneumococcal	<input type="checkbox"/> <b>PCV<sup>2</sup></b>					
	Inactivated Poliovirus	<input type="checkbox"/> <b>IPV</b>					<input type="checkbox"/> <b>IPV</b>
	Influenza	<input type="checkbox"/> <b>Influenza</b> , first dose <sup>3</sup> <input type="checkbox"/> second dose (if needed)			Age 2 Age 3 <input type="checkbox"/> <b>Influenza</b> , first dose <sup>3</sup> <input type="checkbox"/> second dose (if needed)	Age 4 Age 5 Age 6 <input type="checkbox"/> <b>Influenza</b> , first dose <sup>3</sup> <input type="checkbox"/> second dose (if needed)	
	Measles, Mumps, Rubella	<input type="checkbox"/> <b>MMR</b>					<input type="checkbox"/> <b>MMR</b>
	Varicella	<input type="checkbox"/> <b>Varicella</b>					<input type="checkbox"/> <b>Varicella</b>
	Hepatitis A	<input type="checkbox"/> <input type="checkbox"/> <b>Hep A</b> (2 doses between 6 and 23 months) <sup>2</sup>					
Milestones	Milestones should be achieved by the end of the age indicated.  Talk to your healthcare provider about age-appropriate milestones if your child was born prematurely.	<input type="checkbox"/> Cries when mother or father leaves <input type="checkbox"/> Finger-feeds himself <input type="checkbox"/> Explores objects in many different ways (shaking, banging, throwing, dropping) <input type="checkbox"/> Says "dada" and "mama"	<input type="checkbox"/> Drinks from a cup <input type="checkbox"/> Scribbles <input type="checkbox"/> Indicates what he wants by pointing	<input type="checkbox"/> Says at least 6 words with meaning <input type="checkbox"/> Points to one body part <input type="checkbox"/> Walks up steps	<input type="checkbox"/> Completes simple chores when asked <input type="checkbox"/> Is spontaneous with affection	<input type="checkbox"/> Points to object or picture when named <input type="checkbox"/> Uses 2- to 4-word phrases <input type="checkbox"/> Follows simple instructions <input type="checkbox"/> Gradually becomes more interested in other children	<input type="checkbox"/> Balances on one foot <input type="checkbox"/> Shows school readiness skills <input type="checkbox"/> Prints some letters and numbers <input type="checkbox"/> Has mature pencil grasp <input type="checkbox"/> Has good articulation/language skills
	Growth	At each well child visit, enter date, length, weight, and percentile information to keep track of your child's progress.	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT / PERCENTILE	WEIGHT
LENGTH / PERCENTILE			LENGTH / PERCENTILE	LENGTH / PERCENTILE	LENGTH / PERCENTILE	HEIGHT	HEIGHT
HEAD CIRCUMFERENCE			HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	HEAD CIRCUMFERENCE	BMI	BMI

 Shaded boxes indicate the vaccine can be given during shown age range.

VISIT DATE

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<sup>2</sup> HepA vaccination is recommended for high-risk children older than 2 years, along with a dose of meningococcal vaccine (MCV4) and pneumococcal vaccine (PPSV). HepA vaccination may be administered to any child over 2 for whom immunity is desired. See vaccine-specific recommendations at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

<sup>3</sup> Children 6 months or older should receive flu vaccination every flu season. If this is the first time for flu vaccine, a child 6 months through 8 years of age should receive two doses, separated by at least 4 weeks. If this child only receives one dose in the first season, he or she should receive two doses the next season, if still younger than 9 years. Ask your child's healthcare provider if a second dose is needed.



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